AMENDMENT TO H.R. 1424, AS REPORTED OFFERED BY Mr. STUPAK OF MICHIGAN

[Amendment is to H1424NEW_009, As Posted on the Rules Committee Website]

Strike section 5 (page 55, line 18, through page 56, line 10) and insert the following:

ı	SEC. 5. EXTENSION OF PRESCRIPTION DRUG DISCOUNTS
2	TO ENROLLEES OF MEDICAID MANAGED
3	CARE ORGANIZATIONS.
4	(a) In General.—Section 1903(m)(2)(A) of the So-
5	cial Security Act (42 U.S.C. 1396b(m)(2)(A)) is amend-
6	ed —
7	(1) in clause (xi), by striking "and" at the end;
8	(2) in clause (xii), by striking the period at the
9	end and inserting "; and"; and
10	(3) by adding at the end the following:
11	"(xiii) such contract provides that (I)
12	payment for covered outpatient drugs dis-
13	pensed to individuals eligible for medical
14	assistance who are enrolled with the entity
15	shall be subject to the same rebate re-
16	quired by the agreement entered into
17	under section 1927 as the State is subject

1	to and that the State shall allow the entity
2	to collect such rebates from manufacturers,
3	and (II) capitation rates paid to the entity
4	shall be based on actual cost experience re-
5	lated to rebates and subject to the Federal
6	regulations requiring actuarially sound
7	rates.".
8	(b) Conforming Amendments.—Section 1927 of
9	such Act (42 U.S.C. 1396r-8) is amended—
10	(1) in subsection (d)—
11	(A) in paragraph (1), by adding at the end
12	the following:
13	"(C) Notwithstanding subparagraphs (A) and
14	(B)—
15	"(i) a medicaid managed care organization
16	with a contract under section 1903(m) may ex-
17	clude or otherwise restrict coverage of a covered
18	outpatient drug on the basis of policies or prac-
19	tices of the organization, such as those affecting
20	utilization management, formulary adherence,
21	and cost sharing or dispute resolution, in lieu of
22	any State policies or practices relating to the
23	exclusion or restriction of coverage of such
24	drugs; and

1	"(ii) nothing in this section or paragraph
2	(2)(A)(xiii) of section 1903(m) shall be con-
3	strued as requiring a medicaid managed care
4	organization with a contract under such section
5	to maintain the same such polices and practices
6	as those established by the State for purposes
7	of individuals who receive medical assistance for
8	covered outpatient drugs on a fee-for service
9	basis."; and
10	(B) in paragraph (4), by inserting after
11	subparagraph (E) the following:
12	"(F) Notwithstanding the preceding sub-
13	paragraphs of this paragraph, any formulary
14	established by a medicaid managed care organi-
15	zation with a contract under section 1903(m)
16	may be based on the positive inclusion of drugs
17	selected by a formulary committee consisting of
18	physicians, pharmacists, and other individuals
19	with appropriate clinical experience as long as
20	drugs excluded from the formulary are available
21	through prior authorization, as described in
22	paragraph (5)."; and
23	(2) in subsection (j), by striking paragraph (1)
24	and inserting the following:

1	"(1) Covered outpatients drugs are not subject to the
2	requirements of this section if such drugs are—
3	"(A) dispensed by a health maintenance organi-
4	zation other than a medicaid managed care organi-
5	zation with a contract under section 1903(m); and
6	"(B) subject to discounts under section 340B of
7	the Public Health Service Act.".
8	(c) EFFECTIVE DATE.—The amendments made by
9	this section take effect on the date of the enactment of
10	this Act and apply to rebate agreements entered into or
11	renewed under section 1927 of the Social Security Act (42
12	U.S.C. 1396r-8) on or after such date.